

|                             |                         |              |                        |                                 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>09/401,983 | FILING DATE<br>09/23/99 | CLASS<br>348 | GROUP ART UNIT<br>2713 | ATTORNEY DOCKET NO.<br>35.G2465 |
|-----------------------------|-------------------------|--------------|------------------------|---------------------------------|

APPLICANT

TOSHIHIKO FUKASAWA, TOKYO, JAPAN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED JAPAN 278721/1998 09/30/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/13/99

|   |   |                         |                      |                    |                         |
|---|---|-------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>JPX | SHEETS DRAWING<br>21 | TOTAL CLAIMS<br>17 | INDEPENDENT CLAIMS<br>3 |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |   |                         |                      |                    |                         |

ADDRESS

SEE CUSTOMER NUMBER: 005514

TITLE

CAMERA CONTROL SYSTEM

|                              |   |   |
|------------------------------|---|---|
| FILING FEE RECEIVED<br>\$760 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|---|